Team Assessment of Behaviour (TAB) Summary Form

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| --- | --- |
| **Name of trainee (Applicant):** |  |

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| --- | --- | --- | --- | --- |
| **Period of Training:** | From: |  | To: |  |

|  |  |
| --- | --- |
| **Role of Trainee:** |  |

|  |  |
| --- | --- |
| **Location:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Evidence Considered when compiling this summary** | | | |
| Number of feedback forms used to compile this report (Minimum 8/Maximum 15) | 8-10 Forms | 11-12 Forms | 13-14 Forms |

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| --- | --- | --- | --- | --- |
| **Overall Assessment**  (Please put total responses in each column) | **No Concerns** | **Some Concerns** | **Major Concerns** | **Important/relevant comments** |
| **Maintaining trust/professional relationships with patients**   * Listens * Is polite and caring * Shows respect for patients’ opinions, privacy, dignity and is unprejudiced |  |  |  |  |
| **Verbal Communication skills**   * Gives understandable information * Speaks good English, at the appropriate level for the patient |  |  |  |  |
| **Overall Assessment**  (Please put total responses in each column) | **No Concerns** | **Some Concerns** | **Major Concerns** | **Important/relevant comments** |
| **Team-working/working with colleagues**   * Respects others’ roles and works constructively in the team * Hands over effectively and communicates well * Is unprejudiced, supportive and fair |  |  |  |  |
| **Accessibility**   * Accessible * Takes proper responsibility. Only delegates appropriately * Does not shirk duty * Responds when called. Arranges cover for absence |  |  |  |  |

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| **Signature:** | | **Date assessment was completed:** |
| **Name of signature:** |  | **Hospital Stamp**  It is **essential** that this form is stamped with **an official hospital stamp** |
| **Professional Status:** |  |
| **Hospital Address:** |  |
| **Email Address:** |  |